

First Aid Expiration:
CPR Expiration:
AED Expiration:

Penn State University Club Sports Program Safety Officer Acceptance of Responsibility Form

**To be completed by each club's student safety officer and coach/instructor. Coach/instructors may not count towards the club requirement of at least two (2) student safety officers (Risk Level II, III, IV clubs).*

Club Sport Organization: _____

Last Name: _____
(Print Clearly)

First Name: _____
(Print Clearly)

Academic Year: 2015-2016

Email: _____

Phone: _____

Please check one of the following:

- Coach/Instructor
- Club Member (Students only)

I hereby accept the responsibility of serving as a Safety Officer for the above listed club sport organization.

I understand that in order to serve in this capacity, I must maintain certifications in Adult CPR/AED, and Standard First Aid from a Club Sports Program-approved provider (American Red Cross, American Heart Association, or Emergency Care & Safety Institute). I understand that it is my responsibility to monitor the safety of the environment in which my organization is participating, and report any unsafe conditions, accidents, and/or incidents to the Club Sport Program Office.

I understand that my organization will not be allowed to participate in any Club-related activity without a safety officer present. I agree to show valid personal identification when asked by any Club Sport Program or facility staff member.

I agree to complete the Penn State University Incident Report form for all injuries and incidents sustained to/involving members of my organization or guests at our practice/event to the best of my knowledge and return it to the Club Sports Program Office as soon as possible following the injury/incident.

Signature

Date

***PLEASE ATTACH COPIES OF CERTIFICATION CARDS TO THE BACK OF THIS FORM!**